CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

CANDIDATE/OFFICERIOLDER							
1 ACCOUNT#	Z Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI JOSEPH NICKNAME WARDY SUFFIX JR,	OFFICE USE ONLY Date Received					
4 ORIGINAL REPORT TYPE	January 15 Runoff Other (specify) Exceeded \$500 limit 30th day before election 15th day after treasurer appointment (officeholder only) 8th day before election Final report	Date Hand-delivered of Date Postmarked Receipt # Amount					
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01/01/2003 THROUGH 03/24/2003	Date Imaged					
EXPLANATION OF CORRECTION	The two contributions of Jean Mowad were cash contributions on 3/13/03 and on 3/18/03 which in the aggregates exceeded the \$100 limit on individual cash contributions by \$60.00. A \$60.00 check has been sent to Ms. Moward for the return of this contribution.						
AFFIX NOTARY STAM Sworn to and subscribe	(Joseph D. Wardy)	and correct. Lidate or Officeholde Many Country Coun					
Signature of officer administering		office administering oath					
Remember To Attach Any Part Of The Campaign Finance Report Form							

Needed To Report And Explain Corrections

CORRECTION AFFIDAVIT FOR

FORM COR-C/OH

CANDIDATE/OFFICEHOLDER						
ACCOUNT#		2 Total pages filed:				
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST JOSEPH NICKNAME LAST WARDY		SUFFIX	OFFICE USE ONLY Date Received		
ORIGINAL REPORTTYPE	January 15 Runoff July 15 Exceeded 30th day before election 15th day appointm 8th day before election Final repo		pecify)	Date Hand-delivered or Date Postmarked		
ORIGINAL PERIOD COVERED	Month Day Year OI 01 / 03 THROUGH	Month Day $03/24$	/03	Date Imaged Totals		
	attributed by mistake Made by Bill Burlo	to Mithott n, JR. From	a pers	onal account.		
X.	September 20, 2004	this corrected rep	under pena port is true a \(\begin{align*} \lambda \ \lambda \ \lambda \\ \lambda \ \lambda \\ \lambda \	lacy fr.		
	ed before me by Joseph O. War is my hand and seal of office. Trna () Printed name of officer add	uh Jelu,	- }	notary, 2004,		
Remem	ber To Attach Any Part Of Ti Needed To Report And			eport Form		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule A:					
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)				
JOSEPH D. WARDY, JR.							
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
1 24 43	6 Contributor address; City; State; Zip Code		CONTRIBUTION (\$)	description (ii applicable)			
1-20-03			\$1 -000				
	720 Waltham, EL PASO	\$650,00	<u> </u>				
	1200						
9 Principal occu	pation / Job title (See Instructions)	79922 10 Employer (See In	structions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code						
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
				, , , , , , , , , , , , , , , , , , , ,			
	Contributor address; City; State; Zip Code						
,			1				
Principal occupation / Job title (See Instructions) Employer (See In			structions)				
Date	Full name of contributor)	Amount of	In-kind contribution			
		,	contribution (\$)	description (if applicable)			
	Contributor address; City; State; Zip Code						
			!				
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)				
Timospar desarpation, see the (ese mendations)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution			
			CONTIDUCTION (\$)	description (if applicable)			
	Contributor address; City; State; Zip Code		ļ				
			 				
			1				
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.